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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									09/669032		
CLAIMS AS FILED - PART I (Outurn 1) (Column 2)							SHALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR MANSER FILED MANSER EXTRA					ſ	· RATE	FEE		RATE	FEE.	
BASIC									OR		
TOTAL	CLAMS R 1.18(q)		entinus 20 =				x •		OR	×	
NOSP	ENDENT CLAM	s	minus 3 •				x 6*		OR	×4•	
OF OFR L.18(d) minus 3 • 1 · · · · · · · · · · · · · · · · · ·							.+8=		ÖR	+4=	
* if the difference in column 1 is less than zero, enter W in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II Column 2) (Column 2) (Column 2)							SMALL E	YITK	Q R	OTHER THAN SMALL ENTITY	
	77.0	CLAIMS REMARKING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADOI- TIONAL	·	RATE	ADDI- TIONAL \ FEE
황	Total '	AMENDMENT	Minus '	PAID FOR	•		×4 .	1	OR.	×	1.
身	g) O'R Lilips Independent	• 1	Minus	- 72	•		x 8 •		OR	xs	
S۲	DT GPR 1.1000			- J	1 i 1460				OR	+1 •	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (SF CPR L1MG)							TOTAL ADDL FEE		OR	TOTAL ADDLIFEE	$\neg \neg$
Autra											
	23-∞	CLAIMS CLAIMS REMARKING AFTER	·	(Catum 2) HIGHEST MUNISER PREVIOUSLY	PRESENT EXTRA		RATE	ACCI- TICKAL FEE		RATE	ACCH TIONAL FEE
MENT	Yotal	AMENDMENT	Minus	MD FOR		1	XI .		l or	X & •	•
	Independent OF OFR LIFE	1. 2	Minus	<u> </u>	1	1	**		OR	X 8:	
M		LATION OF MISTRE	e nesewori		FR LIGHT	١	, .		OR	+5	
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (OF OFR LINGS)						3	TOTAL ADOL FEE	<u>.</u> .	OR	TOTAL ADOLFEE	
1	106 KI	(Column 1)		(Calumn 2)	(Calumn 3)				-		
·/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CLAIMS REMAINING AFTER		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ACO+ TIONAL REE		RATE	ADOI- TIONAL FEE
MENT	Yotal	AMENDMENT	Minus	- 20	1.	1	× 4 •		OR.	×1	
Q	profit Lieso profit Lieso	1. 4	Minus	~ 7	1	1	×8•		OR	× 8*	
¥		TATION OF MALTIP	e ceresor	ERICANA CO	OFR 1.1808	1	+:		OR	+ 5	
H	- mai ricati					_	TOTAL ADDITEE		T 0R	TOTAL ADD'L FEE	
A Miles code le cotrame t in terre then the cotter in coheren 2 units Tf in coheren 3.											
"If the "Highest Number Previously Paid For" IN THIS SPACE is test than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is test than 1, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is test than 1, enter "2". "The "Highest Number Previously Paid For" (Intid or Independently its the Independently its tree independently in the appropriate box in column 1.											

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